

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3171AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/05/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>A PRECIOUS GEMS ADULT CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1733 HUNTERS BLUFF DRIVE NORTH LAS VEGAS, NV 89030</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  This Statement of Deficiencies was generated as a result of the Annual State Licensure survey conducted at your facility on November 5, 2008.  The facility is licensed as a residential facility for groups to provide care for 6 elderly or disabled persons and/or persons with mental illnesses, Category 2 Residents.  The census was 5.  There were no complaints investigated.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  The following deficiencies were identified:	Y 000	Y-000 A. Facility is licensed for seven (7) not six (6).	
Y 174	449.209(4)(a) Health and Sanitation-Offensive odors  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors.  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the premises were free from offensive odors.  Findings include:  On 11/5/08 in the afternoon, there was a distinctly	Y 174	Y174 A. Facility was reviewed / inspected causing foul / offensive odor (urine / rotten food) which found out trash can is not emptied routinely / PRN was implemented and make schedule. Also bed linens make schedule to change at least 1-2x / Week / PRN	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Owner

(X6) DATE

01/20/09

STATE FORM

6899

ZWB111

If continuation sheet 1 of 6

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Y 174	Continued From page 1  offensive urine odor throughout the facility.  On 11/5/08 in the afternoon, there was a strong odor of rotten food and waste in the kitchen and dining room.  Severity: 2      Scope: 3	Y 174	<i>Cont fr. pg 2 Y174</i> <i>also purchased Air purifier to freshen up the air. Make sure facility / premises must be kept from offensive odor. The Administrator / Owner will continue to monitor for compliance. 01/20/09.</i>  <i>Y 445 :</i> <i>A. Exit Door</i> <i>B. Front Door (MAIN ENTRY)</i> <i>- As above mentioned was been fixed accordingly w/c is keyloc to open outside w/c is not outside. The Administrator Owner will continue to monitor for compliance. 01/20/09.</i>	
Y 445	449.229(10) Exit doors  NAC 449.229 10. An exit door in a residential facility must not be equipped with a lock which requires a key to open it from the inside unless approved by the State Fire Marshall or his designee.  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that 1 exit door was not equipped with a lock which requires a key to open it from the inside.  Findings include:  On 11/5/08 in the afternoon, the front door was equipped with a lock which required a key to unlock it from the inside.  Severity: 2      Scope: 1	Y 445		
Y 885	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been	Y 885		

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Y 898	<p>Continued From page 3</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to maintain an accurate record of medication administration for 1 of 5 residents (Resident #3).</p> <p>Findings include:</p> <p>Record Review</p> <p>Resident #3 was admitted 3/5/03. The medication bucket for Resident #3 contained Lisinopril, 20 mg daily, ordered 11/3/08. The Medication Administration Record for November, 2008 listed Lisinopril, 10 mg daily.</p> <p>Severity: 2                      Scope: 1</p> <p>Repeat Deficiency: 7/12/07</p>	Y 898	<p><i>Y 898:</i></p> <p><i>A. Resident #3</i></p> <p><i>- Lisinopril 20mg PO daily was corrected / transcribed appropriately. And will maintain / follow per instruction for administering the medication to the resident that reflect the current order or prescription of the Resident's physician. The Administrator / Owner will continue to monitor for compliance.</i></p> <p><i>01/20/09.</i></p>	
Y 922	<p>449.2748(3)(a) Medication Labeling</p> <p>NAC 449.2748</p> <p>3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be:</p>	Y 922		

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Y 922	<p>Continued From page 4</p> <p>(a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician.</p> <p>This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that medications for 4 of 5 residents were plainly labeled with the names of the resident and the prescribing physician (Resident #1, #2, #3, #4).</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 was admitted 8/23/07. On 11/5/08 in the afternoon, the medication bucket for Resident #1 contained a bottle of Pain Reliever, which was not labeled with the resident's name and the physician's name.</p> <p>Resident #2</p> <p>Resident #2 was admitted 3/5/03. On 11/5/08 in the afternoon, the medication bucket for Resident #2 contained the following medications which were not labeled with the resident's name and the physician's name:</p> <p>Garlic Pure, 500 mg Vitamin E Aspirin Calcium, 500 mg Pain Reliever</p> <p>Resident #3</p>	Y 922	<p>Y 922</p> <p>A. Resident #1</p> <p>B. Resident #2</p> <p>C. Resident #3</p> <p>D. Resident #4</p> <p>- All medication bottle was plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician. The Administrator / Owner will continue to monitor for compliance 01/20/09.</p>	

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Y 922	<p>Continued From page 5</p> <p>Resident #3 was admitted 3/5/03. On 11/5/08 in the afternoon, the medication bucket for Resident #3 contained the following medications which were not labeled with the resident's name and the physician's name:</p> <p>(2) Containers - A thru Z Vitamins Aspirin, 81 mg</p> <p>Resident #4</p> <p>Resident #4 was admitted 9/21/07. On 11/5/08 in the afternoon, the medication bucket for Resident #4 contained the following medication which was not labeled with the resident's name and the physician's name:</p> <p>Aspirin, 81 mg</p> <p>Severity: 2                      Scope: 3</p>	Y 922	<p><b>RECEIVED</b></p> <p><b>JAN 20 2009</b></p> <p>BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	

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